99-15-04 PART B - FEE(S) TRANSMITTAL

Complete, and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Bux 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000

INSTRUCTION St. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as INDIA and India and

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up, with any corrections or use Block 1)

23552

7540

06/17/2004

MERCHANT & GOULD PC P.O. BOX 2903 MINNEAPOLIS, MN 55402-0903 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. EV 408490575 US

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) fransmittal is being deposited with the United States Postal Service with sufficient postage for Express mail in an envelope addressed to the Mail Stop ISSUE TEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

David Ortiz (Depositor's name (Signature)
September 3 2004 (Date)

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/204,427 12/03/1998 HEDI HADDADA 8076,102USC1 5504

ITILE OF INVENTION: DEFECTIVE RECOMBINANT ADENOVIRUSES EXPRESSING CYTOKINES FOR ANTITUMOR TREATMENT

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FFE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	09/17/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
WILSON, MICHAEL C		1632		424-093100		
CFR 1.363).  U Change of correspond Address form PTO/SB/1  U "Fee Address" indicate	ee address or indication of "F lence address (or Change of 22) attached. ion (or "Fee Address" Indica or more recent) attached. Us	Correspondence	names o agents O firm (hav agent) ar	inting on the patent front pa f up to 3 registered paten R, alternatively, (2) the nar ring as a member a register and the names of up to 2 reg or agents. If no name is li- tinted.	t attorneys or 1 Mercha ne of a single ed attorney or 2 gistered patent	ant & Gould P.C.
(A) NAME OF ASSIGN		(E	n RESIDEN que Pa	CE: (CITY and STATE OR Caris, France	ŕ	iate when an assignment has signment.
Institut Gustave Roussy			Villejuif Cedex, France			
Please check the appropriat	e assignee category or categ	ories (will not be pr	inted on the	patent);	X corporation or other private g	roup entity 🔲 governmen
da. The following fec(s) are	enclosed:	41	Payment o	f Fec(s):		
XIssue Fee	XIssue Fee A check in the amount of the fee(s) is enclosed.					
© Publication Fee © Payment by credit card. Form PTO-2038 is attached.						
XAdvance Order - # of	tvance Order - # of Copies 2					
Director for Patents is requ	ested to apply the Issue Fee	and Publication Fee	(if any) or t	o re apply any previously pa	id issue fee to the application id	entitied above.
(Authorized Signature)	<del></del>	(Date)				

NOTE: The Issue Fee and Publication Fee (iDrequired) will not be accepted from anyone other than the applicant: a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 initiates to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FFES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

09/16/2004 WASFAW2 00000084 09204427

01 FC:1501 1330.00 OP 02 FC:1504 300.00 OP 03 FC:8001 6.00 OP

JESI AVAILABLE COPY

TRANSMIT THIS FORM WITH LEF(S)

PTOL-85 (Rev. 11'03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

olicant:

HADDADA, et al.

Examiner:

M. Wilson

rial No.:

09/204,427

Group Art Unit:

1632

Filed:

December 3, 1998

Docket:

Date:

8076.102USC1

Confirmation

5504

Notice of Allow.

June 17, 2004

No.:

Due Date:

September 17, 2004

Title:

DEFECTIVE RECOMBINANT ADENOVIRUSES EXPRESSING CYTOKINES FOR

ANTITUMOR TREATMENT

CERTIFICATE UNDER 37 CFR 1.10:

"Express Mail" mailing label number: EV 408490575 US

Date of Deposit: September 15, 2004

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Majl Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name: David Offiz

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

23552

Sir:

We are transmitting herewith the attached:

- ☐ Transmittal Sheet in duplicate containing Certificate of Mailing
- ☐ Issue Fee Transmittal Part B (PTOL 85)
- Check(s) in the amount of \$1,330 for payment of the Issue Fee, \$300 for payment of the Publication Fee and \$6 for two copies
- Return postcard

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C. P.O. Box 2903, Minneapolis, MN 55402-0903 612.332.5300

Name: 'Katherine M. Kowalchyk

Reg. No.: 36,848

KMK/pjk